



NEW ATTORNEY DOCKET NO.: 034343-2
Old Attorney Docket No.: 745969-129

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Warren FINLAY , <i>et al.</i>)	
)	
Application No.: 10/724,774)	Group Art Unit: 3754
)	
Filed: December 2, 2003)	Examiner: Unassigned
)	
For: DEVICE AND METHOD FOR)	
DEAGGLOMERATION OF POWDER)	
FOR INHALATION)	

Commissioner of Patents
U.S. Patent and Trademark Office
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Sir:


CHANGE OF ATTORNEY DOCKET NO.

Please change the attorney docket no. for this application to:

034343-2

Respectfully submitted,
NIXON PEABODY, LLP

Dated: **August 12, 2004**

By: 

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IFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/724,774
		Filing Date	December 2, 2003
		First Named Inventor	Warren FINLAY, et al.
		Group Art Unit	3754
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	034343-2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Attorney Docket Number
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Marc S. Kaufman Registration No. 35, 212 Nixon Peabody LLP 401 9 th Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 12, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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